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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/659,617	
	Filing Date	September 10, 2003	
	First Named Inventor	Roger C. Thede	
	Art Unit	3736	
	Examiner Name	Patricia C. Mallari	
Total Number of Pages in This Submission	8 pgs.	Attorney Docket Number	01845.0022-US-C1

and 1 item		
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request to Correct Power of Attorney and Correspondence Addressee (7 pgs.)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Return postcard (1 item)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Altera Law Group, LLC		
Signature			
Printed name	David H. Carroll		
Date	November 10, 2005	Reg. No.	29,903

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Signature			
Typed or printed name	David H. Carroll	Date	November 10, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Roger C. Thede, et al. Examiner: Patricia C. Mallari
Serial No.: 10/659617 Group Art Unit: 3736
Filed: September 10, 2003 Docket No.: 01845.0022-US-C1
Title: DISPOSABLE NON-INVASIVE BLOOD PRESSURE SENSOR



CERTIFICATE UNDER 37 C.F.R. 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described herein, are being deposited in the United States Postal Service, as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 10, 2005.

David H. Carroll
Name

Signature

REQUEST TO CORRECT POWER OF ATTORNEY AND CORRESPONDENCE ADDRESSEE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir,

Although applicants' representative filed a Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address and Statement Under 37 CFR 3.73(b) via facsimile on January 28, 2005, U.S. Patent Office communication continues to be mailed to the wrong correspondence address. A copy of the filing is attached to this communication as Appendix A. While the documents have been recorded on the Image File Wrapper in the USPTO private PAIR system, the File History has not been updated and correspondence continues to be sent to the previous attorney of record. Applicants respectfully request that Office records be updated to indicate Altera Law Group, LLC, Customer Number 22865, as the current correspondence address of record.

Respectfully submitted,

Altera Law Group, LLC
Customer-No. 22865

Date: November 10, 2005

By:

David H. Carroll
Reg. No. 29,903
DHC/mar

APPENDIX A

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Auto-Reply Facsimile Transmission



TO: Fax Sender at 952 912 0574

Fax Information
Date Received: 1/28/2005 2:56:01 PM [Eastern Standard Time]
Total Pages: 3 (including cover page)

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Sent By: Alterra Law Group; 952 912 0574; Jan-28-05 3:12PM; Page 1

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TRANSMITTAL FORM

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☐ Fee Transmittal Form
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☐ Unpublished Papers
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☐ Petition to Reopen
☐ Power of Attorney, Corporation
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☐ Preliminary Information
☐ Status Letter
☒ Other Enclosure(s) (please identify below)
Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address (PTO/SB/92) (1 page)
Statement Under 37 CFR 3.73(b) (PTO/SB/96) (1 page)

SIGNATURE OF APPLICANT ATTORNEY, OR AGENT

Firm Name: Alterra Law Group, LLC
Signature: [Signature]
Printed name: David H. Carroll
Date: January 28, 2005
Reg. No.: 29,000

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Signature: [Signature]
Typed or printed name: Michele A. Reed
Date: January 28, 2005

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PAGE 1/3 * RCVD AT 1/28/2005 2:56:01 PM [Eastern Standard Time] * SYRUSPTO-EFXXF-1/2 * DMS:3729304 * CSID:952 912 0574 * DURATION (mm:ss):02:40

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☐ Declaration of Power of Attorney With New Power of Attorney and Change of Correspondence Address (PTO/SB/02) (1 page)
☐ Statement Under 37 CFR 3.73(b) (PTO/SB/96) (1 page)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name: Altera Law Group, LLC
Signature: *David H. Carroll*
Printed name: David H. Carroll
Date: January 28, 2005
Reg. No.: 25,500

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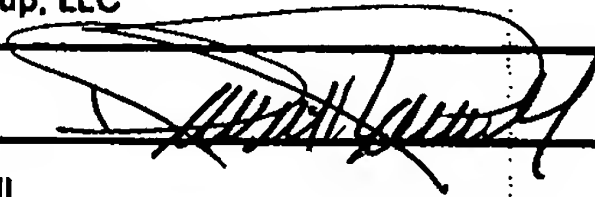
Signature: *Michael A. Read*
Typed or printed name: Michael A. Read
Date: January 28, 2005

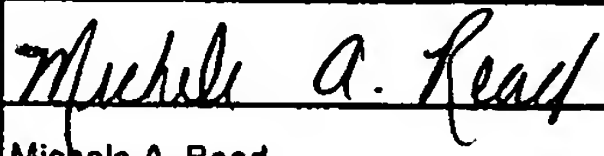
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/659,617	
	Filing Date	September 10, 2003	
	First Named Inventor	Roger C. Thede	
	Art Unit	3736	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	3	Attorney Docket Number	01845.0022-US-C1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address (PTO/SB/82) (1 page) Statement Under 37 CFR 3.73(b) (PTO/SB/96) (1 page)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Altera Law Group, LLC		
Signature			
Printed name	David H. Carroll		
Date	January 28, 2005	Reg. No.	29,903

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Signature			
Typed or printed name	Michele A. Read	Date	January 28, 2005

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/859,817
Filing Date	September 10, 2003
First Named Inventor	Roger C. Thede
Art Unit	3736
Examiner Name	
Attorney Docket Number	01845.0022-US-C1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 22865

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

22865

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

January 28, 2005

Telephone

(800) 894-7601

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

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PTO/SB/86 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Roger C. ThedeApplication No./Patent No.: 10/659,617Filed/Issue Date: September 10, 2003Entitled: Disposable Non-Invasive Blood Pressure SensorMedwave Inc.

(Name of Assignee)

a corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012643, Frame 0406, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Timothy O'Malley

Printed or Typed Name

President and Chief Executive Officer

Title

January 28, 2005

Date
(800) 894-7601

Telephone Number

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